Appendix II

MDPH Pediatric Asthma Survey, 2004-2005

Instructions for Completing the 2004 – 2005 Pediatric Asthma Surveillance Form

Massachusetts Department of Public Health Center for Environmental Health

Who should complete this form?

This form is designed to be completed by the school nurse or school health contact for the school listed in item number 1, on the top left-hand corner of the sheet.

When should this form be returned to MDPH?

The form should be completed and returned to the fax number listed in the bottom right-hand corner of the form as soon as possible, no later than 2 weeks from the day it is received by the school nurse or school health contact.

Which student should I include on this form?

Please include students in grades kindergarten through 8 only. *Do not include pre-kindergarten or high school students on this form.*

How should I report numbers by grade in the case of ungraded students?

Please report students according to their assigned grade. Students with asthma who are not assigned to a particular grade should be included in the total for their age-appropriate grade. While we are aware that there can be overlap of ages between grades, please use the following guideline to report ungraded students for the purposes of this survey:

5 years old	= Kindergarten	10 years old	= Grade 5
6 years old	= Grade 1	11 years old	= Grade 6
7 years old	= Grade 2	12 years old	= Grade 7
8 years old	= Grade 3	13 years old	= Grade 8
9 years old	= Grade 4	-	

Students younger than 5 or older than 14 years should not be reported on this surveillance form.

How do I report students for more than one school?

Please use a separate form for each school that you are responsible for.

You may request additional forms from the Massachusetts Department of Public Health, Center for Environmental Health by calling 617-624-5757.

What if the school name, address, or district information printed on the form is not correct?

If the information printed on the form for your school is not correct, please check the box for that item indicating the information is incorrect. Then cross out the incorrect information, and write the correct information in any blank space that is available. The information will be updated in our database upon receipt of the form.

Who should I contact with questions or comments regarding this form or the pediatric asthma surveillance project?

Questions may be directed via email to the project mailbox at <u>Ped.Asthma@dph.state.ma.us</u>, or via telephone to 617-624-5757.

Thank you for your continued participation in the MDPH pediatric asthma surveillance project!

Massachusetts Department of Public Health, Center for Environmental Health Pediatric Asthma Surveillance Form, 2004-2005 *Please provide information for the SCHOOL LISTED BELOW ONLY.* *Please keep a copy for your records.*

1. School name						2. School District: Code:		
and address:						☐ If this is not your school district name please check here and write in the correct information 3. Name of person completing form:		
☐ If this is not your school name or address please check here and write in the correct information 4. Phone Number: (- <u></u>	5. Email:		
6. This scho	ol is (sele	ct only or	ie):			7. How did the school nurse know these students had asthma? (check all that apply)		
☐ 1.part of t	he local p	ublic sch	ool dist	rict 🔲 3.a charte	er school	□ emergency cards □ student communication □ MD diagnosis		
☐ 2.part of a regional public school district ☐ 4.a nonpublic/private school					ublic/private school			
8. Number of K-8 Students With Asthma By Grade -Please indicate one of the following for each grade level:					7 .	□ parent communication □ other (explain)		
(PLEASE CLASSIFY UNGRADED STUDENTS ACCORDING TO AGE-APPROPRIATE GRADE LEVEL.) School Does not Zero Asthmatics Grade Total Have this Grade in this Grade					RDING TO Zero Asthmatics	9. How did you collect the data for this survey? (select only one) ☐ 1. computerized records ☐ 2. combination of computerized ☐ 4. other and paper records		
	κ					10. Total number of students from item 8 who are male : item 8 who are female :		
	1					Number Number		
	2					Zero Males with Asthma with Asthma with Asthma		
	3					12. Please estimate the number of students from item number 8 for which you have documentation of a provider diagnisis of asthma? Number Zero Students with Provider		
	4							
	5					Diagnosis of Asthma 13. Please estimate the number of students from item number 8 for which you have an asthma action plan (any type) on file: Number		
_	6							
294	7					☐ Zero Students with any Asthma Action Plan Please return via fax within 2 weeks to the MDPH Center for Environmental Health. Fax (617) 983-6220 (forms only), Phone (617) 624-5757		
26%	8							
	Total							